Case 1:19-cv-02781-RDM Document 1-5 Filed 09/17/19 Page 1 of 2

CIVIL COVER SHEET

J5-44 (Rev. 0/17 DC)										
I. (a) PLAINTIFFS				DEFENDANTS						
The Protect Democracy Project, Inc.; Negar Mortazavi;				U.S. Department of State						
Narges Bajoghli; Mohammad Ali Shabani; Esfandyar				2201 C. St., NW						
Batmanghelidj; and Trita Parsi				Washington, D.C. 20520						
Batthangheliuj, and		washington,	D.C. 2032	U						
		DC		COLINER OF DEGIDENCE OF FIRST LISTED DEFEND AND						
(b) COUNTY OF RESIDENCE	E OF FIRST L	ISTED PLAINTIFF D.C.		COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT (IN U.S. PLAINTIFF CASES ONLY)						
(EXC	(EXCEPT IN U.S. PLAINTIFF CASES)			NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED					ED	
(c) ATTORNEYS (FIRM NA	ME. ADDRESS	S, AND TELEPHONE NUMBER)		ATTORNEYS (IF KNOWN)						
Michael P. Abate	,	,,		ATTORNETS (II KNOWN)						
	-4- 0 D:#d	LLD								
Kaplan Johnson Aba		LLP								
710 W. Main St., 4th	ı Floor									
Louisville, KY 40202	2									
(502) 540-8280										
II. BASIS OF JURISD							${f S}$ (PLACE AN ${f x}$ IN ONE			
(PLACE AN x IN ONE B	OX ONLY)		PLAINTIFF			(i) FOR DIV	ERSITY CASES ONLY			
1 U.S. Government	3 Ea	deral Question		P	TF DFT			PTF	DFT	
1 U.S. Government Plaintiff		S. Government Not a Party)	C:4:	41:- 54-4-	1 0 1	T	-4-4 D	\bigcirc 4	O 4	
1 iamum	(0.	.s. Government Not a rarty)	Citizen of	inis State). 0.		ated or Principal Place	•	•	
	_					of Busine	ess in This State			
2 U.S. Government	4 Di	4 Diversity		Another State	e O 2 O 2 Incorpora		rated and Principal Place 0 5		O 5	
Defendant	(In	ndicate Citizenship of		•	, ,		ated and Principal Place	, •	0 '	
	Pa	rties in item III)	Citizen or	Subject of a		of busine	ess in Another State			
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		TT CARE AGRE	(A) (E) (E)	A NID NI A FORTO	E OF CHI	г				
		IV. CASE ASSIG								
(Place an X i	n one categ	ory, A-N, that best repres	ents your	Cause of Action	and <u>one</u> in a	a correspo	onding Nature of Su	it)		
O A. Antitrust	О в. Р	Personal Injury/	0	C Administra	atina Aaara		O D Tamman	arm. Daata		
A. Anturust			l O	C. Administra	uive Agenc	y	O D. Tempore			
	IV.	<i>Ialpractice</i>		Review			Order/Pi	eliminar	ry	
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315 Airplane Product Liability						Any nature of suit from any category				
							Any nature of suit f	rom any ca	ategory	
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O G. Habeas Corpus/ 2255	O H. Employment Discrimination	O I. FOIA/Privacy Act	O J. Student Loan					
530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	X 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act)	152 Recovery of Defaulted Student Loan (excluding veterans)					
	(If pro se, select this deck)	*(If pro se, select this deck)*						
 ■ K. Labor/ERISA (non-employment) ■ 710 Fair Labor Standards Act ■ 720 Labor/Mgmt. Relations ■ 740 Labor Railway Act ■ 751 Family and Medical Leave Act ■ 790 Other Labor Litigation ■ 791 Empl. Ret. Inc. Security Act 	 ■ L. Other Civil Rights (non-employment) ■ 441 Voting (if not Voting Rights Act) ■ 443 Housing/Accommodations ■ 440 Other Civil Rights ■ 445 Americans w/Disabilities – Employment ■ 446 Americans w/Disabilities – Other ■ 448 Education 	M. Contract 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts	N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)					
		195 Contract Product Liability 196 Franchise						
V. ORIGIN								
O 1 Original Proceeding Proceeding From State Court Court State Court Co								
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C. 552; This is a suit to compel disclosure of records sought under Freedom of Information Act.								
VII. REQUESTED IN COMPLAINT	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND JUI	\$ Check Y YES \[\begin{array}{lll} \text{Check Y YES} & Check Y Y	ES only if demanded in complaint NO X					
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO 🗶 If yes, p	lease complete related case form					
DATE:Sept. 17, 2019	SIGNATURE OF ATTORNEY OF REC	cords/ Michael	P. Abate					

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed <u>only</u> if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.